

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2002 - 0 - 0

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.400 and 440.1

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 33,000,000

b. FFY 2004 \$ 33,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A Exhibit 17\*

Att. 3.1-A Exhibit 17c\* Attachment 4.19-B, page 17\*\*

Att. 4.19-B, Pages 2a, 3, 4b, 4c, 5, 5.1b, 6a, 6b,  
6c, 6e, 7, 8, 9, 10, 11, 12b, 12c,  
12d, 13c-13d, 18a, 19, 19c(2),  
20a, 20b, 21, 23c, 23d, 23f, 24a, 24c

Att. 4.19-B, Exhibit 17c\* Attachment 4.19-B, page 17\*\*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Att. 3.1-A Exhibit 17\* Attachment 4.19-B,

Att. 3.1-A Exhibit 17c\* page 17\*\*

Att. 4.19-B, Pages 2a, 3, 4b, 4c, 5, 5.1b,  
6a, 6b, 6c, 6e, 7, 8, 9, 10, 11, 12b, 12c,  
12d, 13c-13d, 18a, 19, 19c(2), 20a, 20b, 21, 23c,  
23d, 23f, 24a, 24c

Att. 4.19-B, Exhibit 17c\* Attachment 4.19-B, page 17\*\*

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a result of the passage of  
House Bill 200 by the Miss. Legislature during the 2002 Legislative Session. These changes  
reduce the reimbursement rate to providers for any service provided under each section by  
five percent (5%) of the amount allowed for that service.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

May 1, 2002

16. RETURN TO:

Rica Lewis-Payton, Executive Director  
Miss. Division of Medicaid  
239 North Lamar Street, Suite 601  
Jackson, MS 39201-1399

Attn: Rose Compere

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 2, 2002

18. DATE APPROVED:

June 10, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Therrell A. Butler for Eugene A. Grasser

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

\* State Agency authorized removal of these pages from plan amendment package.

\*\*State Agency authorized addition of this page to plan amendment package.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-b

State Mississippi

Page 2a

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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Outpatient Hospital Services

Outpatient hospital services shall be reimbursed at a percentage of billed charges unless specified differently elsewhere in this Plan. The percentage paid is the lower of 75% of charges or the cost to charge ratio, as computed by Medicaid using the hospital's cost report. The cost to charge ratio shall be computed each year for use in the following rate year's payments. Adjustments to outpatient services claims may be made if the cost to charge ratio is adjusted as a result of an amended cost report, audit, or Medicare settlement. The cost to charge ratio for outpatient services will be computed under Title XVIII (Medicare) methodology, excluding bad debts and other services paid by Medicaid under a different rate methodology (i.e. Rural Health Clinic services and Federally Qualified Health Center services). Out-of-state hospitals shall be reimbursed at the lower of 75% of charges or the average of cost to charge ratio of hospitals located in Mississippi for their classification, as computed by Medicaid.

All outpatient laboratory services shall be reimbursed on a fee-for-service basis.

All outpatient radiology services shall be reimbursed on a fee-for-service basis.

Hospital-based clinics may not bill facility fees on the UB-92 unless they are a teaching hospital with a resident to bed ratio of .25 or greater.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES  
OF CARE

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Independent Laboratory and X-Ray Services - Payment is made from a statewide uniform fee schedule based on 70 percent of the Medicare fee schedule with adjustments as authorized by the state Legislature.

Independent laboratory and x-ray services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN# 2002-06  
Supersedes TN# 94-03

Date Received: MAY 02 2002  
Date Approved: JUN 18 2002  
Date Effective: MAY 01 2002

State Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
TYPES OF CARE**

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**Early and Periodic Screening, Diagnosis and Treatment and Extended EPSDT Services.**

(a) Screening - (1) The screening fee for a physical assessment in accordance with the EPSDT periodicity schedule is \$37.63. The screening fee for an EPSDT vision screen is \$8.82 and the screening fee for an EPSDT hearing screen is \$8.82 and are done in conjunction with the physical assessment. (2) Interperiodic screens: An interperiodic medical screen is \$10.07 and is paid to any Medicaid provider. An interperiodic vision screen is \$8.82. An interperiodic hearing screen is \$8.82. (3) Partial screens: The reimbursement fee for a dental screen is \$16.94 and is paid to any Medicaid dental provider.

(b) EPSDT case management - The fee for case management services is \$22.67 per child.

(c) High-Risk assessment - Reimbursement is based on 75% of the current Medicaid allowable for an antepartum visit.

(d) Other services not addressed elsewhere in the State Plan - Coverage is provided for other medically necessary health care, diagnostic, treatment and / or other measures to correct or ameliorate defects, physical and mental illnesses and conditions identified during or as a result of an EPSDT screen. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN No. 2002-06  
Superseded 99-08

Date Received **MAY 02 2002**  
Date Approved **JUN 10 2002**  
Date Effective **MAY 01 2002**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES  
OF CARE

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Family Planning Services and Supplies - Payment is made from a Statewide uniform fee schedule based on 70 percent of the Medicare fee schedule with adjustments as authorized by the state Legislature. Payment to public providers is not to exceed cost as determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN # 2002-06  
Superseded TN # 94-03

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Date Received MAY 02 2002  
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Date Approved JUN 10 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
TYPES OF CARE

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**Physicians' services**-All fees for physicians' services that are covered only by Medicaid shall be reimbursed at ninety percent (90%) of the rate established on January 1, 1999, and as adjusted each January thereafter, under Medicare (Title XVIII of the Social Security Act), as amended, and which shall in no event be less than seventy percent (70%) of the rate established on January 1, 1994. All fees for physicians' services that are covered by both Medicare and Medicaid shall be reimbursed at ten percent (10%) of the adjusted Medicare payment established on January 1, 1999, and as adjusted each January thereafter, under Medicare (Title XVIII of the Social Security Act), as amended, and which shall in no event be less than seventy percent (70%) of the adjusted Medicare payment established on January 1, 1994.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers by five percent (5%) of the allowed amount for that service.

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TN No. 2002-06  
Superseded TN# 99-10

Date Received: MAY 02 2002  
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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**Attachment 4.19-B**

State Mississippi

**Page 5.15**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

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Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology, beginning on Page 5 of Attachment 4.19-B.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN # 2002-06  
Superseded TN # 92-06

Date Effective MAY 01 2002  
Date Approved JUN 10 2002  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER  
TYPES OF CARE

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Podiatry services are reimbursed from the same fee schedule as physicians' services.

Podiatrists' services for EPSDT recipients, if medically necessary, include those services that would be covered as physicians' services when performed by a doctor of medicine for osteopathy and are reimbursed as physicians' services, Attachment 4.19-B, Page 5.

Notwithstanding any other provision of this section, the Division of Medicaid as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN # 2002-06

Supersedes TN # 94-12

Date Received MAY 02 2002

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STATE Mississippi

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE

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Optometrists' Services for EPSDT recipients, if medically necessary, include all physician services that an optometrist is legally authorized to provide and are reimbursed as physicians' services, Attachment 4.19-B, Page 5.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

TN # 2002-06  
Superseded TN # 92-11

Date Received MAY 02 2002  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
TYPES OF CARE

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Chiropractic services are reimbursed from the same fee schedule based on 70 percent of Medicare as authorized by the Legislature

Chiropractors' services for EPSDT recipients, if medically necessary, are reimbursed from the fee schedule based on 70 percent of Medicare as authorized by the Legislature.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers by five percent (5%) of the allowed amount for that service.

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TN # 2002-06

Supersedes TN # 95-11

Date Received MAY 02 2002

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

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Orthotics and Prosthetics for children under age 21, if medically necessary, are reimbursed as follows:

- A. The payment for purchase of Orthotics and Prosthetics is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.
- B. The payment for repair of Orthotics and Prosthetics is the cost, not to exceed 50 percent of the purchase amount.
- C. The payment for other individual consideration items must receive prior approval from the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Orthotics and Prosthetics Reimbursement and Coverage Criteria are applicable.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN # 2002-06

Superseded TN # 98-14

Date Received MAY 02 2002

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METHODS AND STANDARDS FOR ESTABLISHING RATES- OTHER TYPES OF CARE

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Home Health Care Services- Payment for home health services shall be on the basis of cost or charges, whichever is less, as determined under standards and principles applicable to Title XVIII, not to exceed in cost the prevailing cost of skilled nursing home services under Medicaid. Effective July 1, 1981, payment for Home Health Services is in accordance with the Mississippi Title XIX Home Health Agency Reimbursement Plan (see Exhibit "A" attached); however, under no circumstances will the cost of Home Health Services exceed the cost of skilled nursing home services per month under the Medicaid Program.

Home health care services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph and in Exhibit A of Attachment 4.19-B.

Durable Medical Equipment Services- Payment for Durable Medical Equipment (DME) is in accordance with the Mississippi Title XIX Durable Medical Equipment Reimbursement Plan at Exhibit "A", page 13.

Medical Supplies- Payment for medical supplies is in accordance with Mississippi Title XIX Medical Supply Reimbursement at Exhibit "A", page 14.

STATE: Mississippi

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
TYPES OF CARE

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Private Duty Nursing Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service basis.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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Clinic Services:

- (A) Ambulatory Surgical Center Facility Services - Reimbursement for facility services in ambulatory surgical centers (ASC) is based on the principles described in Subpart C, 42 CFR Part 416, further modified by the Mississippi Medicaid Commission to be statewide rates at 80% of the group rates set by HCFA by publication in the Federal Register.

In no instance will payments for services exceed the upper limits of the reasonable cost as determined under Title XVIII. All requirement of 42 CFR 447 will be met in making payments.

- (B) Birthing Center Services - Reimbursement for birthing center providers is based on a fee-for-service basis. To establish a fee for birthing centers services, the per diem of hospitals providing delivery services was added for monitoring. The total per diem rate was divided by the number of hospitals providing delivery services for the average per diem. The reimbursement to birthing centers for monitoring services is 80% of the average hospital per diem. To establish a fee for birthing centers for monitoring services prior to transfer to a hospital, the fee for monitoring services was divided by 24 for an hourly rate. This rate was multiplied by three to arrive at a fee for monitoring services prior to transfer to a hospital.

- (C) Other Clinic Services - Reimbursement is for clinics as defined in Section 41-3-15(5) of the Mississippi code of 1972, as amended. Reimbursement is based on cost reports submitted by the provider. The rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR 447.321 through 447.325. The established rate setting period is July 1 to June 30. An interim rate is paid until the end of the reporting period when there is a retrospective cost settlement. Actual reasonable costs reported on the cost report are divided by actual encounters by clinic type to determine the actual cost per encounter. Overpayments will be recouped from the provider, and underpayments will be paid to the provider.

Clinic services for EPSDT recipients, is medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN# 2002-06  
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